

## STATE OF HAWAII DEPARTMENT OF THE ATTORNEY GENERAL TAX DIVISION 425 QUEEN STREET HONOLULU, HAWAII 96813 (808) 586-1470 FAX (808) 586-1477

## REGISTRATION STATEMENT FOR PROFESSIONAL FUNDRAISING COUNSEL - FORM - AGTAX-1

INITIAL RENEWAL (CHECK ONE ABOVE)	CERTIFICATE #(RENEWAL APPLICANTS ONLY)	FEE REMITTED		
. Business name and address of applican	t :			
	FULL BUSINESS NAME			
c/o				
STREET AND NUMBER	CITY	STATE	ZIP CODE	COUNTRY
COUNTY	TELEPHONE #	800 TELEPHONE #		
2. Any other names under which you con	duct business:			
3. Form of organization:				
a. Corporation (State of Incorporation and Date)		c. Individual		
b. Partnership		d. Other		
	outside Hawaii, do you have any offices in Hess(es) and telephone number(s).	awaii?		
5. If "Yes" to the following you must re	gister as a professional solicitor:			
(A) Will you at any time solicit co	ontributions? Yes No			
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6. Attach a list of the names and residence	e addresses of all principals of the applicant,	including off	icers, directors a	nd owners.
7. Provide the name of all persons in char	ge of any counsel services:			

8. If you answer "Yes" to any of the following, attach a list directors, officers or employees of the applicant related by	st of related individuals with names and relationship. Are any owners, blood, marriage or adoption to:
(A) Any other directors, officers, owners or employ	rees of the applicant? Yes No
(B) Any officer, director, trustee or employee of any	y charitable organization under contract with applicant? Yes No
(C) Any supplier or vendor providing goods or serv contract with applicant? Yes No	vices directly or indirectly to any charitable organization under
Department of the Attorney General? Yes No No	contributions from Hawaii residents on file with the Hawaii of Applicable If "No", attach copies. File only those contracts esidents. Renewal registrants, should not re-file contracts previously
Item 10 need only be	completed by initial registrants
10. Date organization first acted as a professional fundrai contributions from Hawaii residents:(If n	ising counsel with respect to a charitable organization's solicitation of not applicable, please state such).
I hereby certify, under the penalties provided in information provided in this registration is true a SIGNATURE OF PRINCIPAL OFFICER	n section 710-1062, Hawaii Revised Statutes, that the and correct.  DATE
TYPE OR PRINT NAME AND TITLE OF PRINCIPAL OFFICER	
	CHECKLIST
	Registration Statement signed.
	Any attachments to the Registration Statement.
	Bond Form AGTAX-3 completed and signed.
	Any contracts/solicitation notices not previously filed.
	\$250 registration fee.